

Comprehensively Restricting Solitary Confinement in Connecticut
PROTECT Act, S.B. 1059

Written Testimony of Kevin Keenan
Vice President, Vera Institute of Justice
www.vera.org

Thank you, Chairs Winfield and Stafstrom, Vice Chairs Kasser and Blumenthal, Ranking Members Kissel and Fishbein, and members of the Judiciary Committee, for the opportunity to share with you the Vera Institute's research and experience related to the practice of solitary confinement in the United States.

As you know, Vera has been a proud partner of the State of Connecticut on ground-breaking work to transform its justice system, most notably in co-creating the TRUE and WORTH young adult units at Cheshire Correctional Institution and York Correctional Institution. Those programs, which have received national media attention¹ for their progressive and holistic approach to rehabilitation, do many things, but they rely in the first instance on abolishing the use of solitary confinement except in the most extreme cases. Eliminating solitary was the critical first step to establishing that officers and incarcerated people alike need to treat each other as human beings. Only with that baseline of human dignity did those units go on to establish a sense of community based on trust, mutual support, and restorative justice, while creating opportunities to learn from mistakes and demonstrate accountability.

We believe Connecticut could again demonstrate its leadership in justice reform by choosing to end the harmful and counterproductive use of solitary confinement through the PROTECT Act, S.B. 1059. Conversely, if Connecticut does not restrict solitary, it will have chosen to continue a practice that harms Connecticut residents, families, and communities, and it will likely fall behind its neighbors, New York and New Jersey, as well as many other jurisdictions, which are moving to restrict this inhumane practice.

Over the past ten years, Vera has worked to end solitary confinement in jurisdictions throughout the United States. We know from this experience that comprehensively restricting solitary is necessary, beneficial, and feasible.

I. When solitary confinement is not comprehensively restricted, it is abused

The use of solitary confinement has risen exponentially since the 1980s, outpacing even the surge in incarceration. Originally intended to manage violence within jails and prisons, solitary confinement has become a common tool for responding to all levels of rule violations, from minor to serious; managing challenging populations; and housing people considered vulnerable.²

In a substantial number of jurisdictions, younger people, people of color, and those living with mental illness are held in solitary confinement at disproportionately high rates.³

“More than 150 years of research in psychiatry, psychology, criminology, anthropology, and epidemiology has documented the detrimental effects of solitary confinement.”⁴

The evidence confirms what most people understand intuitively:

- Social isolation, sensory deprivation, and enforced idleness are a toxic combination that can result in psychiatric symptoms, including anxiety, depression, anger, difficulties with impulse control,

paranoia, visual and auditory hallucinations, cognitive disturbances, obsessive thoughts, hypersensitivity to stimuli, post-traumatic stress disorder, self-harm, suicide, and psychosis.⁵

- Solitary confinement can result in physical and psychological damage with negative repercussions that can persist well after release, making the transition to life in a prison's general population or in the community considerably more difficult.

Here are three ways we see solitary confinement being abused in the United States when it is not comprehensively restricted by policy.

Use of solitary becomes the default. Though both staff- and space-intensive for systems, solitary confinement when available becomes the first tool that systems and staff reach for. Indeed, it has become routine to use solitary confinement as a way station for administrative convenience—for example, for people with short-term parole violations who require non-standard processing and those awaiting transfer to a different facility or newly arrived at a facility—without regard for their mental health.

Rick Raemisch, who ran Colorado's prison system, said, "[S]olitary confinement was intended to be a last resort for those who were too violent to be in a prison's general population. But then we gradually included inmates who disrupted the efficient running of an institution. In other words, inmates could be placed in solitary for almost any reason, and they were."⁶

Vera's research has shown that disruptive but non-violent behavior—such as “talking back”, being out of place, failing to report to school or work, and failure to obey an order—frequently lands incarcerated people in these harsh settings.

Systems often have alternatives to solitary confinement, but neglect to use them. Alternatives become an afterthought. For example, in one jurisdiction Vera worked with, 98 percent of those found guilty of disciplinary offenses were sentenced to solitary, including for non-serious violations—despite the existence of alternative disciplinary sanctions.

Lengths of confinement protract. Once people are placed in solitary, it can be very difficult for them to get out, often leading to protracted lengths of stay. Lengths of stay swell. In one jurisdiction, 59 percent of people in the most restrictive form of solitary spent more than one year there. Vera's review of data shows that even incarcerated people who are not violent or overly disruptive stay in solitary confinement for long periods of time, ranging from months to years and even decades.⁷

In many jurisdictions, the criteria used to make release decisions are unclear. People are often required to “earn” their release by demonstrating that they do not pose a threat to the safety of others. But such opportunities are rare, with few agencies providing programming or congregate activity in which the incarcerated person can demonstrate positive behavior. Further, the person's ability to demonstrate normal behavior can be diminished by the harmful effects that isolation has on their mental well-being.⁸

“The system was set up so that if you failed at any juncture of working your way back to general population, you had to start over and stay in solitary,” Raemisch said about Colorado. “Under the old policy, a single month in isolation could turn into decades.”⁹

Reentry planning is impeded. Conditions in solitary confinement are not conducive to addressing substance use or mental health needs, providing educational programming, or otherwise successfully preparing people to succeed upon release. People's ability to participate in meaningful programs is

eliminated, greatly reducing their chance of success during reentry. One study even showed that people who had been placed in isolation were “24 percent more likely to die in the first year after release” than people who had not been in solitary.¹⁰

Many people are released directly to the community from solitary. In one state Vera studied, it was over 1,800 people in one year—which makes reentry even more challenging. Research shows that people released directly from solitary confinement to the community have significantly higher rates of recidivism.¹¹

II. When solitary confinement is restricted, the results are positive

There is no conclusive evidence that solitary confinement makes facilities or communities safer.¹² But there is evidence of the opposite—that it increases recidivism, making communities less safe.¹³ Furthermore, there are emerging examples that restricting solitary can increase facility safety for incarcerated people and staff.

- Colorado ended its practice of solitary confinement in 2017, guaranteeing a minimum four hours of out of cell time for even its most restricted individuals. Assaults within prisons declined by 17 percent.¹⁴ In two Colorado prisons, assaults, forced cell entries, and the use of heavy restraints declined by 40 percent.¹⁵
- Maine reduced its population in solitary confinement to less than one percent and guaranteed those in restricted housing greater out of cell time. Violent incidents in the population fell.¹⁶
- Washington State worked with Vera to decrease the use of solitary confinement and reduce lengths of stay there. It experienced a 57 percent reduction in serious assaults on staff and a 45 percent decrease in self-harm and suicide attempts in solitary units.

Connecticut will not be the first to pursue reform through policy and practice change. Many states have passed laws or adopted policies restricting solitary confinement by, for example, capping the length of time people can be held in solitary, prohibiting it for special populations (such as children, people with mental illness, and pregnant women), and ending the release of people from solitary directly to the community. Promising reforms around the country show that alternatives to solitary confinement can work. Disciplinary infractions can be met with alternative sanctions, people who pose a risk to the safety of others can be separated into an environment that provides extra security while avoiding the harmful conditions of solitary, and vulnerable people can be placed in specialized units that protect and support them in conditions that mirror the general prison population.¹⁷

While initial staff concern about reform is to be expected, minds can change when they see improvement. As Colorado’s former head of prisons Rick Raemisch wrote, “Not everyone agreed with my new policy. But the corrections officers who had initially opposed it changed their minds after they began to see positive results.”¹⁸

III. The PROTECT Act, S.B. 1059, includes important safeguards

If not anticipated, restricting solitary confinement can have unintended consequences. The PROTECT Act, S.B. 1059, admirably protects against these risks.

The name game: One challenge in restricting solitary confinement has been the ability of systems to call it by different names and change definitions—isolation, restricted housing, administrative segregation, protective custody, special housing, disciplinary segregation, etc.¹⁹ The proliferation of

names and definitions ignores the more universal experience of the impacted person, confined to a cell for the overwhelming portion of each day, with limited human interaction and constructive activity.

By focusing on time-out-of-cell and a broad definition of isolated confinement, the PROTECT Act, S.B. 1059, ensures its provisions will apply to all forms of solitary confinement no matter the label and protects against the risk of reforms changing the name of such units while maintaining the same conditions.

Restraints: Another potential unintended consequence is to encourage the use of restraints, especially in-cell restraints, which can mimic characteristics of solitary confinement and therefore need to be similarly limited. Following Colorado's example²⁰, the PROTECT Act, S.B. 1059, allows for restraints but provides reasonable and appropriate limits on their use.

Communication: Restrictions on communication with loved ones is a common feature of solitary confinement and is also often used as an alternative punishment to solitary confinement. However, communication with loved ones is important to a person's mental health, improves behavior, and promotes success in the community, in addition to being crucial for the well-being of their loved ones, particularly children.²¹ The PROTECT Act, S.B. 1059, provides for a reasonable minimum of communication through mail, phone, and visits.

Accurate Data: Another challenge to solitary reform has been both poor data policies and inaccurate data practices. Whether intentionally or not, systems or staff can prevent implementation or oversight of good policies by failing to track the use of solitary confinement. The PROTECT Act, S.B. 1059, protects against this risk.

Oversight: By their nature, systems and bureaucracies are imperfect. Independent oversight provides the means to ensure that practices on the ground match the values and policies that are supposed to govern institutions. By creating an oversight agency for Connecticut, the PROTECT Act, S.B. 1059, brings the state in line with many other states that provide for oversight of their correctional agencies.²²

Officer Wellness: Officer wellness is a concern of the Vera Institute, as studies indicate that working in carceral environments can take a significant toll on health and well-being.²³ The PROTECT Act, S.B. 1059, makes an important contribution to the national conversation on this topic by providing for training of correctional officers in recognizing trauma and vicarious trauma—in both incarcerated people and themselves, as well as calling for department strategies to treat trauma in staff and providing workers' compensation for post-traumatic stress and other trauma-related injuries.

Thank you again for the opportunity to share this information, and thank you for contributing to the national effort to comprehensively restrict solitary confinement by supporting S.B. 1059.

- ¹ 60 Minutes to Feature Success of Restoring Promise Initiative in a Maximum Security Prison in Connecticut, Vera Institute Press Release, March 29, 2019, <https://www.vera.org/newsroom/60-minutes-features-success-of-veras-restoring-promise-initiative-in-a-maximum-security-prison-in-connecticut>.
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- ³ Association of State Correctional Administrators (ASCA) and The Arthur Liman Public Interest Program, Yale Law School, *Time-In-Cell: The ASCA-Liman 2018 National Survey of Administrative Segregation in Prison* (New Haven, CT: Yale Law School, 2019), <https://law.yale.edu/centers-workshops/arthur-liman-center-public-interest-law/liman-center-publications/time-cell-2019>; Allen J. Beck, *Use of Restrictive Housing in U.S. Prisons and Jails, 2011–2012* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2015, NCJ 249209), <https://perma.cc/GKL3-TDDD>.
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- ⁷ Alison Shames et al. *Solitary Confinement: Common Misconceptions and Emerging Safe Alternatives*. New York, NY: Vera Institute of Justice, 2015, https://www.vera.org/downloads/publications/solitary-confinement-misconceptions-safe-alternatives-report_1.pdf.
- ⁸ Léon Digard, Elena Vanko, and Sara Sullivan. *Rethinking Restrictive Housing: Lessons from Five U.S. Jail and Prison Systems*. New York: Vera Institute of Justice, 2018, <https://www.vera.org/downloads/publications/rethinking-restrictive-housing-report.pdf>.
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